

IFW/AF
89188.0046

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven P. GOODMAN, et al.

Serial No: 10/614,072

Filed: July 2, 2003

For: PREVENTING TOOTH DECAY AND INFECTIVE
ENDOCARDITIS USING NATURAL OLIGOPEPTIDES

Art Unit: 1645

Examiner: Lalkia J. Tongue

I hereby certify that this correspondence is
being deposited with the United States Postal
Service with sufficient postage as first class
mail in an envelope addressed to:

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

August 18, 2005

Date of Deposit

Olga Berson, Reg. No. 55,001

Name

 08/18/2005

Signature

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application:

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	20**		LG=\$50 SM=\$25	\$	\$
INDEPENDENT CLAIMS FEE	4	-	3***	1	LG=\$200 SM=\$100	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$
TOTAL							\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Dated: August 18, 2005

2049 Century Park East, Suite 700
Los Angeles, California 90067
Telephone: 310 789-5100
Facsimile: 310 789-5400By: Olga Berson, Ph.D.
Registration No. 55,001
Attorney for Applicants



Appl. No. 10/614,072
Amdt. Dated August 18, 2005
Reply to Office Action of May 19, 2005

Attorney Docket No. 89188.0046
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven D. GOODMAN, et al.

Serial No.: 10/614,072

Confirmation No.: 6624

Filed: July 2, 2003

For: PREVENTING TOOTH DECAY AND
INFECTIVE ENDOCARDITIS USING
NATURAL OLIGOPEPTIDES

AMENDMENT
UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated May 19, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Art Unit: 1645

Examiner: Lakia J. Tongue

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 18, 2005

Date of Deposit

Olga Berson, Ph.D. Reg. No. 55,001

Name

Olga Berson 08/18/05

Signature

Date